

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/785 269

APPLICANT(S)

FILING DATE

2/20/01

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	NO.	NO.	NO.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			3		3		TOTAL IND.			
TOTAL DEP.			16		15		TOTAL DEP.			
TOTAL CLAIMS			19		18		TOTAL CLAIMS			

# CLAIMS ONLY

SERIAL NO.  
09785269  
APPLICANT(S)

FILING DATE  
02-20-01

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	X						51	1		
2							52	1		
3							53	1		
4							54	1	1	
5							55	1		
6							56	1		
7							57	1		
8							58	1		
9							59	1		
10							60	1		
11							61	1		
12							62	1		
13							63	1	1	
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45	1		1				95			
46		1		1			96			
47	1			1			97			
48		1			1		98			
49							99			
50		1		1			100			
TOTAL IND.	3						TOTAL IND.	3		
TOTAL DEP.	16						TOTAL DEP.	15		
TOTAL CLAIMS	19						TOTAL CLAIMS	18		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS